



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL

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GOVERNOR

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COMMISSIONER OF ADMINISTRATION

December 18, 2001

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2002-34

TO: All ISIS HR Paid Agencies

FROM: Jena W. Cary
Director

SUBJECT: New Miscellaneous Products Effective January 2002

During the annual EPBC review process of all new and current miscellaneous vendor applications, a new Accident policy was approved for **Conseco Health Ins. Company**. The new policy has the option of being sheltered under Section 125 Cafeteria Plan (Flexible Benefits Plan) since the cash value and disability riders are optional and not built into the policy. For this reason two product codes must be used, one for the sheltered policies and one for non-sheltered policies. The following changes have been made:

- The new wage types for **Conseco Hlth NC/Accident** policies are scheduled to be available in the ISIS HR System on January 1, 2002. This product will not be eligible for participation in the Flexible Benefits Plan (FBP) until July 1, 2002. At that time, the post-tax wage types must be delimited June 24, 2002 and a new recurring deduction must be set up July 1, 2002 using the pre-tax wage types for ***Conseco Hlth PC/Accident** in the ISIS HR System.
- A new ineligible policy has been approved, effective January 1, 2002, for those employees who choose the cash value/disability rider option. The existing wage types (3016/3416) for **Conseco Hlth NP/Accident C/V (w/rider)** will be used for this new policy since this is an additional policy under an existing product.

It is no longer necessary to have two deduction codes for the Conseco Accident products which are not part of the Flexible Benefits Plan. Deductions currently being withheld using wage types 3022/3422 for Conseco Hlth NT/Accident must be moved to wage types 3016/3416 for Conseco Hlth NP/Accident C/V (w/rider). OSUP will contact those agencies affected to provide procedures on making these changes in the ISIS HR System.

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Attached is an updated Miscellaneous Deductions Alpha Listing (VC-01) and Vendor/Coordinator Listing (VC-02) reflecting these changes. Also, attached is a copy of the SED-4 (Payroll Deduction Authorization) Form for the new accident products offered by Conseco Health Insurance Company.

This is a reminder to all ISIS HR Paid Agencies of the Office of State Uniform Payroll's policy on miscellaneous vendor refunds to state employees. Refunds to employees from Flexible Benefits Plan (FBP) participating vendors must be processed through the ISIS HR System. **Refunds to employees from FBP non-participating vendors must be refunded directly to the employees by the vendor.** Vendors with at least one product eligible for the FBP are considered a participating vendor. Vendors that are FBP participating are indicated with a 'CP' for the FBP Status, and the vendors that are FBP non-participating will have a FBP Status of 'NON-CP' on the VC01 and VC02.

If you have any questions, please contact Christi Sanchez at (225) 342-5345 or Penny Jones at (225) 342-5354.

JWC:CAS:kmb

Attachments: (1) [Miscellaneous Deductions Alpha Listing \(VC01\)](#)
(2) [Vendor/Coordinator Listing \(VC-02\)](#)
(3) [Conseco Health Ins Form SED-4 \(Payroll Deduction Authorization\)](#)

MISCELLANEOUS DEDUCTIONS
ALPHA LISTING BY COMPANY CODE
FISCAL YEAR 2001-2002

MSA/30006 CP F/A+ American Heritage Life 1776 American Heritage Life Dr Jacksonville, FL 32224 J. Craig Hensley (504) 466-3337	MSB/30007 Non CP F/A American Income Life 1200 Wooded Acres Dr Waco, TX 76710 Darlene Cunningham (254) 761-6400 ext 266	MSC/30014 CP F/A Conseco Health Ins 11825 N Pennsylvania Street Carmel, Indiana 46082-4930 Gloria Tutt (225) 769-0500
MSD/30064 CP D/B+ Starmount Life Ins PO Drawer 14389 Baton Rouge, LA 70898-4389 Erich Sternberg (225) 926-2888 ext. 173	MSE/30023 CP D/- Guaranty Assurance Co PO Box 40017 Baton Rouge, LA 70835-0017 Delina Schexnayder (225) 291-3172	MSF/30046 Non CP F/A Loyal American Life PO Box 5418 Cincinnati, OH 45201-5418 Warren Benoit (504) 443-5422
MSG/30024 CP D/B+ Guaranty Income Life PO Box 2231 Baton Rouge, LA 70821-2231 Sherry Ducote (225) 383-0355	MSH/30054 Non CP F/A+ Protective Life Ins PO Box 12687 Birmingham, AL 35202 Debra Lawson (800) 866-9933	MSI/30004 CP F/A+ American Family Life 1932 Wynnton Road Columbus, GA 31999 Allyson Goodwin (706) 317-6130
MSJ/30008 CP F/B++ American Public Life PO Box 925 Jackson, MS 39205-0925 Doug Johnson (601) 936-3218	MSK/30013 CP F/A+ Colonial Life & Accident 1200 Colonial Life Blvd W Columbia, SC 29210-7699 Chuck Byrd (800) 845-7330 ext. 5978	MSL/30043 CP F/A Life Investors Insurance 4333 Edgewood Road NE Cedar Rapids, IA 52499 Marilyn Brinkhuis (225) 925-9829
MSN/30048 Non CP F/A++ New York Life Insurance 51 Madison Avenue New York, NY 10010 Stephen Goldsmith (952) 884-4041	MSP/30053 CP F/A Professional Insurance P O Box 130015 Raleigh, NC 27605-1015 Tonya M Oliver (800) 730-6487 ext 8271	MSQ/30052 Non CP N/ILOC Prepaid Legal Services 321 E Main Street Ada, OK 74820 Mark Riches (931) 537-2230
MSS/30047 CP N/ILOC MS of A Dent-All Plan, Inc. PO Box 1418 Tomball, TX 77377-1418 Barbara Auge (800) 999-5842	MSYG/10048 Non CP -/ Office of Group Benefits 5825 Florida Blvd Baton Rouge, LA 70806 Ray Harrison (225) 925-3739	

MSX = UPS Vendor Code for the specific company
CP or Non CP = Indicates whether company has products participating in the cafeteria plan
x1/x2 = x1= **D**-domestic insurance, **F**-foreign insurance, or **N**-non insurance
x2= Insurance Vendors - A.M. Best current rating- **A+**, **A**, **B+**, **B**, etc.
Or Non-insurance vendors - **CD**-Certificate of Deposit or **ILOC**-Irrevocable letter of credit

Home address of company

Name and phone number of designated coordinator

NOTE: Codes assigned EACH AUTHORIZED PRODUCT are listed on form VC-02 (05/01)

Code/Vendor No. Product Code	Vendor Product Description	Product Code	Best Rating/Cafe Indicator Product Description	Coordinator Address/Phone
MSA/30006	American Heritage Life		F/A+ / CP	J. Craig Hensley 2400 Veterans Blvd Ste 235 Kenner, LA 70062 (504) 466-3337 (504) 466-1441 (FAX)
PA*/NA* 25 NP* 22 NSz 32	Cancer Dis Income Universal Life	NN* 27 NRz 31	Accident Term Life	
MSB/30007	American Income Life		F/A / Non CP	Darlene Cunningham 1200 Wooded Acres Dr Waco, TX 76710 (254) 761-6400 ext 266 (254) 751-8637 (FAX)
NM* 25 NPz 37 NSz 31	Cancer - NS Dependent Life (Rider)-NS Whole Life - NS	NN* 26 NRz 34	Health - NS Term Life (Rider) - NS	
MSC/30014	Conseco Health Ins		F/A / CP	Gloria Tutt PO Box 83360 Baton Rouge, LA 70884 (225) 769-0500 (225) 769-0160 (FAX)
PA*/NA* 25 PB*/NB* 20 PC*/NC* 27 PD*/ND* 16 NS* 84	Cancer Intensive Care Accident HeartCare Hosp Ind/C-V	NM* 80 NN* 83 NP* 81 NR* 82 NZ* 99	Cancer/C-V Intensive Care/C-V Accident C/V HeartCare/C-V *Grandfather* - NS	
MSD/30064	Starmount Life Ins		D/B+ / CP	Erich Sternberg PO Drawer 14389 Baton Rouge, LA 70898-4389 (225) 926-2888 ext. 173 (225) 926-6292 (FAX)
PA*/NA* 17	Preferred Dental			
MSE/30023	Guaranty Assurance Co		D/- / CP	Delina Schexnayder 11969 Bricksome Ave Ste A Baton Rouge, LA 70816 (225) 291-3172 (225) 292-3075 (FAX)
PA*/NA* 23	DINA Pref			
MSF/30046	Loyal American Life		F/A / Non CP	Warren Benoit 3645 Williams Blvd Ste 101 Kenner, LA 70065 (504) 443-5422 (504) 443-6004 (FAX)
NMz 32	Universal Life	NPz 34	Ordinary Life - NS	
MSG/30024	Guaranty Income Life		D/B+ / CP	Sherry Ducote 929 Government St Baton Rouge, LA 70802 (225) 383-0355 (225) 343-0047 (FAX)
PA*/NA* 23	Q-Dent Dental Plan	NMz 32	Universal Life	
MSH/30054	Protective Life Ins		F/A+ / Non CP	Debra Lawson PO Box 12687 Birmingham, AL 35303-6687 (800) 866-9933 (205) 868-3402 (FAX)
NM* 80 NPz 31 NSz 32	Cancer Whole Life - NS Universal Life	NNz 29 NRz 30	Disability - NS Term Life	
MSI/30004	American Family Life		F/A+ / CP	Allyson Goodwin 1932 Wynnton Road Columbus, GA 31999 (706) 317-6130 (706) 660-7539 (FAX)
PA*/NA* 25 PC*/NC* 21 NSz 38 NUz 29	Cancer Hospital Indemnity LifeCare, Adv, Ord Medicare Supp - NS	PB*/NB* 20 NV* 81 NTz 29	Intensive Care Acc/Disab Convalescent Care	

Products followed by **NS = No Longer Solicited/Sold**
Product codes followed by an "*" must be used for system entry.
Product codes followed by a "z" must be entered as **NZ**.

Code/Vendor No. Product Code	Vendor Product Description	Product Code	Best Rating/Cafe Indicator Product Description	Coordinator Address/Phone
MSJ/30008	American Public Life		F/B++ / CP	Doug Johnson PO Box 925 Jackson, MS 39205-0925 (601) 936-3218 (601) 932-9011 (FAX)
PA*/NA* 25 NM* 27 PE*/NE* 15 NSz 31	Cancer Accident Denta-Care II Whole Life	PB*/NB* 20 PD*/ND* 23 NRz 30	Intensive Care Denta-Care I Group Term Life	
MSK/30013	Colonial Life & Accident		F/A+ / CP	Chuck Byrd Attn: Mail Stop SC 122 Columbia, SC 29202-1365 (800) 845-7330 ext. 5978 (800) 731-2618 (FAX)
PA*/NA* 63 NM* 60 NRz 69	Cancer Disability/Accident Life	PB*/NB* 78 PD*/ND* 76 NSz 77	Intensive Care Hosp. Income Whole Life	
MSL/30043	Life Investors Insurance		F/A / CP	Marilyn Brinkhuis 1136 E. Riveroaks Drive Baton Rouge, LA 70815 (225) 925-9829 (FAX)
PA*/NA* 25 NT* 27 PC*/NC* 16 PD*/ND* 20 NRz 30	Cancer Accident Heart ICU Life	NM* 80 NN*81 NP* 82 NS* 83	Cancer/C-V Accident/C-V Heart/C-V ICU/C-V	
MSN/30048	New York Life Insurance		F/A++ / Non CP	Stephen Goldsmith PO Box 500 Minneapolis, MN 55440 (952) 884-4041 (952) 884-2477 (FAX)
NMz 22 NPz 32	Disability - NS Universal Life	NNz 31 NSz 30	Whole Life Term	
MSP/30053	Professional Insurance		F/A / CP	Tonya M Oliver PO Box 130015 Raleigh, NC 27605-1015 (800) 730-6487 ext 8271 (919) 786-8889 (FAX)
NM* 25 NN* 27 NSz 30	Cancer Accident Term	PB*/NB* 21 NRz 34 NTz 32	Hospital Income Term Life Whole Life - NS	
MSQ/30052	Prepaid Legal Services		N/ILOC / Non CP	Mark Riches 4660 Mirandy Rd Cookeville, TN 38506 (931) 537-2230 (931) 537-2270 (FAX)
NM* 99	Pre-Paid Legal			
MSS/30047	MS of A Dent-All Plan, Inc.		N/ILOC / CP	Barbara Auge 1431 Graham Dr Ste 220 Tomball, TX 77375 (800) 999-5842 (281) 351-2786 (FAX)
PA*/NA* 23	Dental/Eye/Chiropractic/Vi tamin/Hearing Aid/24-hr Nurse Hotline			
MSYG/10048	Office of Group Benefits		-/- / Non CP	Ray Harrison PO Box 44036 Baton Rouge, LA 70804-4036 (225) 925-3739 (225) 925-6733 (FAX)
NM* 50	Universal Life-NS			

Conseco Health Insurance Company

State of Louisiana Employee Payroll Deduction Authorization								
Employee Name				Social Security Number		Payroll Reporting No.		
Department/Agency/Section Name					Control No.	Authorized Codes MSC A-D MSC M-Z		
I hereby authorize my employer to deduct a total of \$ _____ monthly rate, from my salary until further notice and remit same to CONSECO HEALTH INSURANCE COMPANY. A TOTAL Semi-Monthly Deduction in the amount of \$ _____ represents one-half of the total monthly premium required for the coverage(s) detailed below. I hereby waive on behalf of myself, my heirs, successors, agents, and assigns any and all rights of action against the State of Louisiana, its agents and assigns, arising out of the deduction, failure to deduct or any other handling of this request for payroll withholding.								
DEDUCTION DETAIL (Product Codes, Premium Amounts, 125 Eligibility) MENU ELECTIONS								
Product Name	Plan Part Code	Yes	No	125 Elig.	Monthly Premium	Payroll Code	Ineligible & Non-Part. Semi-Mo.	Eligible Part. Semi-Mo.
CANCER	25	P		Y	\$	MSC P A		\$
Cancer	25		N	Y	\$	MSC N A	\$	
INTENSIVE CARE	20	P		Y	\$	MSC P B		\$
Intensive Care	20		N	Y	\$	MSC N B	\$	
ACCIDENT	27	P		Y	\$	MSC P C		\$
Accident	27		N	Y	\$	MSC N C	\$	
HEARTCARE	16	P		Y	\$	MSC P D		\$
Heartcare	16		N	Y	\$	MSC N D	\$	
Sub Totals				MSC	Non-Part.- Part:		\$ _____	\$
NOT ELIGIBLE - SECTION 125								
Cancer with Rider	80		N	N	\$	MSC N M	\$	
Intensive Care with Rider	83		N	N	\$	MSC N N	\$	
Accident with Rider	81		N	N	\$	MSC N P	\$	
HeartCare with Rider	82		N	N	\$	MSC N R	\$	
Hosp. Indemn. with Rider	84		N	N	\$	MSC N S	\$	
Grandfathered	99		N	N	\$	MSC N Z	\$	
Total Monthly Premium:					\$			
Begin/Change Date								
					Total Semi-Monthly Ineligible MSC	\$		
Date Authorized					Total Semi-Monthly Non-Part. MSC	\$		
					Total Semi-Monthly Part. MSC		\$	
BY: _____					TOTAL SEMI-MONTHLY MSC:		\$	
Employee Signature								
(THIS FORM SUPERCEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS DEDUCTION)								
Presentation and deduction authorization processed by:								
MSC Agent _____					Phone Number _____			
Address _____								